USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

LAINTIFF	的主题和图象	点。(B) (C) (B) (B)	WE SEE SO W			COURT CASE NUMB	BER				
CARL ALEXANDE	CARL ALEXANDER WESCOTT						3:17-cv-05837-SK				
EFENDANT			TYPE OF PROCESS								
ONETTE STEPHENS, et al						Summons, Complaint & Orders					
NAME OF IND	VIDUAL, COM	PANY, CORP	ORATION. ETC.	TO SERVE OR DES	CRIPTIC	ON OF PROPERTY TO	O SEIZE C	R CONDE	MN		
SERVE Monette Ste	phens										
AT ADDRESS (Stre	et or RFD, Apart	ment No., City	, State and ZIP C	ode)							
853 Ashbur	y Street, San	Francisco,	California 94	117-4418							
END NOTICE OF SERVICE COF	SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					ber of process to be ed with this Form 285	4				
Carl Alexander Wescott, Pro per P.O. Box 190875 San Francisco, CA 94119						ber of parties to be	2		_		
						ck for service			_		
Signature of Attorney other Originator requesting service on behalf of:						ONE NUMBER	DATE				
				DEFENDANT	(415)	9/17					
SPACE BELOW FO	R USE OF	U.S. MA	RSHAL O	NLY DO NO	T W	RITE BELOW	THIS	LINE			
					horized USMS Deputy or Clerk Date						
han one USM 285 is submitted)		No	No						_		
hereby certify and return that I in the individual, company, corporate	have personally ration, etc., at the	served, h	ave legal evidence a above on the on	e of service, have the individual, compa	executed any, corp	l as shown in "Remark oration, etc. shown at t	s", the pro- he address	cess describ inserted be	ed low		
I hereby certify and return that	I am unable to lo	ocate the indivi	dual, company, c	orporation, etc. named	i above (See remarks below)					
Name and title of individual served (if not shown above)						A person of suitable age and discretion then residing in defendant's usual place of abode					
Address (complete only different th	an shown above)				2	Date	Time				
						Signature of U.S. M	Marshal or I	Deputy			
Service Fee Total Mileage (including ended		ding Fee	Total Charges	Advance Deposits	s Amount owed to U.S. Marshal* or (Amount of Refund*)						
					\$0.00						
REMARKS:				Triscari GM 2007 (Strate of Triscario Control							
PRINT 5 COPIES: 1. CLERK (OF THE COURT	9				PRIOR	EDITION	IS MAY B	E US		

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

Case 3:17-cv-05837-WHO Document 7-1 Filed 10/19/17 Page 2 of 2

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U.S. Department of Justice United States Marshals Service

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See "Instructions for Service of Process by U.S. Marshal"

1 CAMATAT						1.879	COURT CASE NUMBER 3:17-cv-05837-SK				
CARE ALEXANDER WESCOTT							TYPE OF PROCESS				
MONETTE STEPHENS, et al						Su	Summons, Complaint & Orders				
			PANY, COR	PORATION. ETC	C. TO SERVE OR DES	SCRIPTION	OF PROPERTY TO	O SEIZE C	OR CONI	DEMN	
SERVE)	Michelle Har										
AT	ADDRESS (Stree		ment No., Ci	ty, State and ZIP (Code)						
(Harris Family	Law, Pier 9,	The Emb	arcadero, Suit	e 100, San Franci	sco, Calif	fornia 94111				
Carl Alexander Wescott, Pro per P.O. Box 190875							Number of process to be		4		
						served with this Form 285		4			
						Numbe	er of parties to be				
						served in this case		2			
Sai	n Francisco, CA	94119				Check	for service				
						on U.S.A.					
			• TION THE	TWILL ACCION	IN EXPEDITING SE	DVICE (In	oluda Rusinass and	Alternate	Addresses	ς.	
Signature of Attorney other originator requesting service on benances.						TELEPHON	PHONE NUMBER DATE				
						(415) 522-2067 10/19/17					
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			T	The same of the sa	NLY DO NO			11113	Date		
acknowledge receipt for the total mumber of process indicated.			ss District of District to Signature of A Signature of A			thorized USMS Deputy or Clerk			Date		
(Sign only for USM 285 if more than one USM 285 is submitted)			No No								
							in "Domork	a" the pro	cass dasc	ribed	
hereby certify a n the individual	nd return that I	have personally ation, etc., at the	served, Laddress show	have legal eviden on above on the or	ce of service, have n the individual, comp	e executed a nany, corpor	ation, etc. shown at t	the address	inserted	below.	
					corporation, etc. name						
Name and title of individual served (if not shown above)							A person of suitable age and discretion then residing in defendant's usual place of abode				
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						-	Signature of U.S. N	Marshal or	Deputy		
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ervice Fee	Total Mileage C including endea	cimigeo i communitation i i i i i i i i i i i i i i i i i i			Advance Deposits		int owed to U.S. Marshal* or ount of Refund*)				
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- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

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Form USM-285 Rev. 12/15/80 Automated 01/00